**FEC** 

## STATEMENT OF

PAGE 1/5

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) International Longshoremen's Association AFL-CIO Committee on Political Education **ILA-COPE** 5000 West Side Avenue ADDRESS (number and street) (Check if address is changed) North Bergen 07047 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ilacope@electioncompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2016 C00158576 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Stephen Knott Type or Print Name of Treasurer Stephen Knott [Electronically Filed] 07 06 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i uyo 🚣
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
International Longshore	men's Association AFL-CIO Committee on Political Education	ILA-COPE
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
International Longshore	emen's Association, AFL-CIO	
Mailing Address	5000 West Side Avenue	
	North Bergen NJ 07047  CITY STATE Z	IP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in posse	ession of committee
PAC Outso	urcing LLC	
Mailing Address	5845 Richmond Highway	
Walling Address	Suite 820	
	Alexandria VA 22303	
Title or Position	CITY STATE ZI	P CODE
Custodian of Records	Telephone number 703 - 34	6551
3. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	e and address of
Full Name Stephen Kn	iott	
Mailing Address	International Longshoremen's Assoc	
,	5000 West Side Avenue	
	North Bergen NJ 07047 CITY STATE ZI	P CODE
Title or Position Treasurer	Telephone number 212 - 42	

	1 (Revised 02/2009)	
Full Name of Designated Agent	Harold Daggett	
Mailing Address	International Longshoremen's Assoc	
	5000 West Side Avenue	
	North Bergen NJ 07047  CITY STATE ZIP 0	CODE
Title or Position Assistant Treasure	Per	_ 3240
	<b>epositories:</b> List all banks or other depositories in which the committee deposits funds, holds accordes or maintains funds.	ounts, rents
Name of Bank, Dep		
	pository, etc.  Signature Bank	
٤	Signature Bank	
٤	Signature Bank	
٤	Signature Bank  71 Broadway  New York  NY  10006	
٤	Signature Bank  71 Broadway  New York  NY  10006  CITY  STATE  ZIP 0	
Mailing Address  Name of Bank, Dep	Signature Bank  71 Broadway  New York  NY  10006  CITY  STATE  ZIP C  pository, etc.  Wells Fargo Advisors	
Mailing Address  Name of Bank, Dep	Signature Bank  71 Broadway  New York  NY 10006  CITY STATE ZIP (	CODE
Mailing Address  Name of Bank, Dep	Signature Bank  71 Broadway  New York  CITY  STATE  ZIP C  Pository, etc.  Wells Fargo Advisors  200 Campus Drive	CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Masters, Mates and Pilots Political Contribution Fund 700 Maritime Blvd. Mailing Address Linthicum Heights MD 21090 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Joint Fundraising Representative Leadership PAC Sponsor Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number